

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 09/433,418  
APPLICANT(S)

FILED DATE

5-21-04

**CLAIMS**

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/							51							
2		/						52							
3		/						53							
4	/	/						54							
5		/						55							
6		/						56							
7	/	/						57							
8	/	/						58							
9		/						59							
10		/						60							
11		/						61							
12	/	/						62							
13	/	/						63							
14	/	/						64							
15	/	/						65							
16	/	/						66							
17	/	/						67							
18	/	/						68							
19	/							69							
20		/						70							
21		/						71							
22	/	/						72							
23		/						73							
24		/						74							
25	/	/						75							
26	/	/						76							
27		/						77							
28		/						78							
29		/						79							
30	/	/						80							
31	/	/						81							
32	/	/						82							
33	/	/						83							
34	/	/						84							
35	/	/						85							
36	/	/						86							
37	/	/						87							
38	/	/						88							
39		/						89							
40								90							
41								91							
42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	<u>2</u>							TOTAL IND.							
TOTAL DEP.	<u>15</u>							TOTAL DEP.							
TOTAL CLAIMS	<u>17</u>							TOTAL CLAIMS							